

If you have certain medical conditions your teeth and gums need special care.

Sign up for extra dental benefits* — at no extra cost — using the form below.

Your Anthem Blue Cross and Blue Shield dental plan helps you take extra good care of your mouth.

Taking care of your teeth and gums is easy and can help keep your mouth free from infection. You should brush and floss daily, and see your dentist regularly. While your dental plan most likely provides coverage for preventive care services, by completing the form below you may be eligible* to get coverage for an extra dental cleaning (to help keep your teeth healthy) or an extra periodontal maintenance procedure (to help keep your gums healthy) each benefit year.

For a healthy smile, sign up here.

Simply fill out the form below and mail, email or fax it to us — whichever is easiest for you.

Mail to: Clinical Integration Coordinator, P.O. Box 188, Minneapolis, MN 55440-0188

Email to: enroll@anthemdentaladmin.com

Fax to: 1-800-821-5946

Dental Enrollment Request Form

Section 1: Member information

Last name	First name	M.I.
Street address	City	State ZIP code
Home phone no.	Work phone no.	

Section 2: Conditions — Check all conditions you have.

<input type="checkbox"/> I have diabetes	<input type="checkbox"/> I have had an organ or bone marrow transplant
<input type="checkbox"/> I am pregnant and my expected due date is: ____/____/____ (MM/DD/YYYY)	<input type="checkbox"/> I have cancer (any type) treated with chemotherapy
<input type="checkbox"/> I have a heart condition — heart disease, enlarged heart, or mitral or aortic valve prolapse	<input type="checkbox"/> I have head or neck cancer treated with chemotherapy and/or radiation therapy

Section 3: Subscriber information

Last name	First name	M.I.	Subscriber ID no.
For Group business only — Group name			Group no.

Section 4: Member signature required

To the best of my knowledge and belief, I am being treated for the above named medical condition(s) as of the below signature date and will provide proof of such condition if requested by Anthem Blue Cross and Blue Shield (Anthem). Additionally, upon request, I will provide a written authorization to Anthem to obtain medical records from my provider(s). If such condition cannot be verified, I will not be eligible for coverage for the additional dental procedures available under this program.	
Member signature X	Today's date

Section 5: Treating physician information

Last name	First name	M.I.	Phone no.
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Questions? Just call the customer service number on the back of your Anthem dental ID card.

*Coverage for additional cleaning is an optional benefit that may not be included in your plan. Check with your benefit administrator for details.